

your *health questions*

Wendy Haaf answers your questions about health, nutrition, and well-being

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I've had a bunion on a foot for many years. It sometimes hurts when I walk a lot, especially barefoot. My doctor's not too keen on surgery, but I have a friend who went under the scalpel and it really changed his life. What do the experts say is my best option?

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A very common problem with a big genetic component, bunions occur when the big toe begins to angle inward. This puts abnormal pressure on the large joint at its base, which begins to grow, creating a lump ("bunion" is Latin for "turnip"). These changes can be associated with pain in different parts of the foot, but the degree of deformity doesn't predict the presence or degree of discomfort—some people with mild bunions have pain, while some people with severe bunions have none. Often, conservative treatments, such as wearing a shoe large enough to accommodate the bump without rubbing and shoe inserts that reposition the foot, can allow people to continue to walk and do other activities without discomfort.

While many factors go into deciding whether surgery is right for you, including your medical history, one of the main questions to ask yourself is whether the pain and any limitations the bunion may be imposing on your activities are worth the considerable recovery time, the possibility of complications (such as permanent stiffness of the joint), and post-op rehabilitation. Surgery isn't a quick fix—your mobility will be limited for the first six to eight weeks (for example, making climbing stairs challenging), and it can take three to four months for swelling to recede enough for you to walk normally and six months or longer to resume vigorous activities such as using an elliptical exercise machine. "It's important that patients know what they're getting into ahead of time," stresses Alex Mateuchev, a US-board-certified podiatric surgeon in Edmonton. "It's a commitment and it involves a lot of planning."



While an operation doesn't necessarily keep bunions from reappearing (in some studies, bunions recurred in up to 25 per cent of patients after surgery), "it is very successful at alleviating the pain,"

says Dr. Timothy Daniels, a foot and ankle surgeon and the chief of the Division of Orthopaedic Surgery at St. Michael's Hospital in Toronto. He adds that even if the toe eventually resumes a crooked shape, typically the pain doesn't return.

If you're interested in talking over your options with a surgeon, look for one who specializes in foot and ankle surgery, has a lot of experience

treating bunions, and can customize any potential procedure to your specific medical needs. But be wary of anyone who recommends operating if you don't have symptoms or who promises that surgery will prevent you from developing future problems, such as arthritis in the toe joint. "There are no studies to support that," Daniels says.

In the end, the decision to operate should be made jointly by you and a surgeon you trust, Mateuchev says. "My goal is to explain all the options, from conservative measures to surgery."

For more information, including tips on planning ahead and questions to ask a prospective surgeon, visit whenithurtstomove.org and foothealthfacts.org. |

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